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What Chiropractors Should Know About Blood-Borne Diseases

Although invasive procedures are not within the chiropractic scope of practice, licensees should take precautions to prevent the spread of blood-borne and other highly infectious diseases.

California Department of Health Services Guidelines

The following information is based upon California Department of Health Services *Guidelines for Preventing the Transmission of Blood-Borne Pathogens in Health Care Settings*. The guidelines stress the importance of the use of universal precautions as the primary means of preventing the transmission of blood-borne diseases and calls upon health care workers infected with any blood-borne pathogen to consult with their personal physicians and expert review panels concerning the appropriateness of any practice restrictions.

Underlying Principles

Public health officials rely on the reasoned, expert opinions of health professionals, epidemiologists, and other scientists to evaluate the risks of transmitting blood-borne pathogens and the relative value of various preventative options. Research has shown that hepatitis B virus (HBV)-infected and Human Immunodeficiency Virus (HIV)-infected health care workers do not pose a significant risk to the public when the workers use recommended infection control procedures. Universal precautions include appropriate use of hand washing and protective barriers and care in the use of needles and other sharp instruments. Federal Occupational Safety and Health Administration (OSHA) standards currently require the use of universal precautions in all work place settings in which employees experience occupational exposure to blood.

For the purpose of these guidelines, the following Centers for Disease Control and Prevention (CDC) definition of a health care worker is used: Any person, including a student or trainee, whose activities involve contact with patients or with blood or other body fluids from patients in a health care setting.

Infection Control and Immunization

- All health care workers should rigorously adhere to the 1987 and 1988 CDC infection control guidelines and the 1991 OSHA standards, including HBV vaccination and the use of universal precautions in all health care settings. Health care workers with exudative lesions or weeping dermatitis should refrain from direct patient care or handling patient-care equipment until the condition is resolved.
- All health care workers and health care settings should use the best available method to ensure that each

patient is treated with sterile or properly disinfected equipment, devices, and instruments.

- Adherence to proper infection control procedures, including vaccinations as indicated, is a minimum standard of care. All health care facilities should monitor employees' adherence to these procedures. Licensed professionals who fail to practice proper infection control should be subject to charges of professional misconduct and disciplinary action.
- Periodic infection control training should be a condition of certification, licensure, and relicensure for all health care workers.
- In accordance with OSHA standards, all employers of health care workers and trainees must offer HBV vaccination to those employees who are likely to be exposed to blood or other potential infectious materials.

Testing

- Current assessment of the risk of transmission of HIV between health care workers and patients does not support a mandatory testing program for either health care workers or patients. Health care workers and patients who may have been exposed to blood-borne pathogens through personal risk behaviors, blood products, or occupational accidents are encouraged to seek counseling and testing in order to benefit from medical management. Employers of health care workers should follow OSHA standards for post-exposure evaluation and follow-up of health care workers exposed via occupational accidents.

Restriction of Practice

- Because of the low risk of transmission of HBV and HIV from health care worker to patients, general restriction of the practices of infected health care workers would not offer a significant increase in patient protection and is not recommended. However, there may be certain stages of disease or a combination of other factors that may place patients and or health care workers at elevated risk.

Notification and Informed Consent

- In accordance with CDC guidelines, health care workers engaging in procedures or practices that place their patients at substantial risk of infection should consult with an expert review panel concerning their responsibility to disclose their serostatus to their patients prior to performing such procedures.
- In the absence of a documented exposure incident, routine post-treatment notification of patients treated by infected health care workers is not recommended.
- In accordance with CDC guidelines, health care workers should notify patients in a timely manner when the health care worker's body fluid comes in contact with the patient parenterally or with their mucous membranes, regardless of the health care worker's infection status. Patients and their physicians may then make informed decisions regarding their own testing, prevention, and treatment options.

Exposure to Human Immunodeficiency Virus

HIV is not easily spread from person to person, and it is never spread by casual contact. This means it is relatively difficult to get AIDS. Medical authorities who have studied thousands of cases of AIDS for several years, agree that HIV is spread in only four ways:

- Sexual intercourse with an infected person
- Sharing intravenous drug needles with an infected person
- Injection of contaminated blood products, such as in blood transfusions
- A woman infected with HIV who becomes pregnant or breast-feeds can pass the virus to the baby

The virus that causes AIDS cannot survive on a dried surface or be passed through the air, so sneezing, breathing, or coughing does not spread HIV. No cases of AIDS have resulted from casual contact. Since HIV is spread through blood or sexual contact, touching, hugging, and holding or shaking hands do not spread the virus.

No health care workers have contracted AIDS from routinely taking care of infected patients while using proper infection control measures. Statistics show approximately .32% of health care workers becoming infected after known exposure (i.e., out of 2006 needle sticks reported with HIV positive blood, 6 health care workers became HIV positive).

Hepatitis B Virus Poses a Greater Occupational Risk

The blood-borne disease of greatest concern to health care workers is the Hepatitis B Virus (HBV). HBV is spread directly through the skin, mucous membrane exposure, sexual contact, and perinatally. This virus can survive one week dried. Around 9000 health care workers are infected each year, with around 24% developing clinical symptoms and 2% dying from the infection.

Presence of Blood

Outside the body, the AIDS virus is fragile. Skin is a barrier against the virus. However, in case of heavy bleeding, spilled blood is best cleaned up with a normal solution of household bleach (ten parts of water to one part bleach).

Because infected patients may not be aware of their infection, or may not disclose presence of an infection, the board recommends application of the following universal precaution regarding occupational exposure:

- Treat all human blood and body fluids as if known to be infected with HIV or HBV.

Occupational Precautions

When working with a client infected by HIV or HBV, the following simple precautions are required by the Occupational Safety and Health Administration:

- HBV vaccine in post exposure
- HBV vaccine if high-risk pre-exposure
- Written exposure control plan, and work practice controls
- Use of personal protection equipment

Referral Requirement

If in the course of a diagnostic evaluation you detect an abnormality that indicates the patient has a physical or mental condition, disease, or injury that is not subject to appropriate management by chiropractic methods and techniques, you must refer the patient to a physician and surgeon or other licensed health care provider who can provide the appropriate treatment within his or her scope of practice. This does not apply in any case where the patient states that s/he is already under the care of a physician or other appropriate licensed health care provider who is providing appropriate treatment for management of the condition. [Section 317(v), Title 16, California Code of Regulations]

Working With a Seriously Ill Patient

Special sensitivity should be exercised when working with a seriously ill patient. The following suggestions are offered to assist chiropractors with helping those patients:

- Be there. Don't avoid your patient. Your availability gives hope. Be the reliable chiropractor you have always been, especially now when it is most important.
- Your patient may need to talk. Find out by asking do you feel like talking about it? Don't be reluctant to ask about the illness.
- Laugh and cry with your patient. Don't be afraid to share such intimate experiences -- they may enrich each of you.
- Talk with your patient about the future: tomorrow, next week, next year. It is helpful to look toward the future, without denying the reality of the present. Hope is especially important to someone who is ill.
- If your patient expresses concern about his or her looks, be gentle, but acknowledge these feelings. Your listening may be all that is needed. Mentioning some positive physical traits may make your client feel better.
- Be sure to include your patient in decision-making whenever possible. Illness can bring about a loss of control over many aspects of life. Don't deny your patient an opportunity to make decisions, no matter how simple or small they may seem to you.
- Be prepared for your patient to become angry with you for no obvious reason, although you have been available and done everything you could. Permit this, and don't take it personally. Remember, when a person is very ill, anger and frustration are often taken out on people who are closest and most helpful, because they will understand.

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